

**Menominee Indian Tribe of Wisconsin****INDIAN GRANT APPLICATION**

P.O. Box 910
Keshena, WI 54135

ACADEMIC YEAR: _____**PART 1 - TO BE COMPLETED BY APPLICANT**

Social Security No.	Last Name	First	Middle	Maiden	Single _____ Div. _____ No. of Dependents _____	Married _____ Separated _____	Date of Birth
							Male <input type="checkbox"/> Female <input type="checkbox"/>
Permanent Home Address		Street	City	State	Zip Code	Telephone:	Area Code
Name of H.S. Attended				Date of High School Graduation <i>or</i> GED		Part-time _____ Full-time _____ Special _____	
Public <input type="checkbox"/> Private <input type="checkbox"/> BIA <input type="checkbox"/>							
Name & Address of School you selected/plan to attend				Year in school/College/University Freshman _____ Sophomore _____ Grad _____ Junior _____ Senior _____			
				Will live: On Campus _____ Off Campus _____ With Parents _____			
Major/Program				Expected Degree: AA BA BS MA Other _____ Expected Graduation date: _____			
Tribal Affiliation:		Reservation:		State of Residency:			
List Previous Colleges Attended & Dates				Student Status: New: _____ Continuing: _____ Reentry: _____			

FOR CENSUS CERTIFICATION PURPOSES

Applicants Fathers Name:	Tribe/Reservation:
Applicants Mothers Maiden Name:	Tribe/Reservation:

STUDENT STATEMENT OF CERTIFICATION — IMPORTANT — READ CAREFULLY

I declare that the information given by me on this form is true, correct and complete to the best of my knowledge, and that if granted assistance I will use it only for educational expenses and purposes and agree that this information may be shared between the Bureau of Indian Affairs, Tribe, State and the institution. I further agree that I will contact the financial aid office of the institution I have selected and will apply for financial aid available to me. I request the financial aid office to notify the BIA-State-Tribe of my financial need and authorize any school I am attending to release a copy of my transcript to the BIA-State-Tribe at the end of each academic period. I request that any Bureau scholarship funds awarded me be mailed to me in care of the financial aid or business office at the institution I attend.

Signature of Student/Applicant _____ Date _____

PART II — TO BE COMPLETED BY BUREAU OF INDIAN AFFAIRS OR TRIBAL CERTIFYING OFFICIAL

I hereby certify that the above named applicant is _____ degree _____ Indian blood according to available records. (Name of Tribe)

Eligible for BIA Services ☐
Ineligible for BIA Services ☐

Certifying Official Signature _____ Date _____

EXCEPTION STATEMENT

This is to certify that, the above-named person, who has been unable to be certified as having at least one-quarter Indian blood by an appropriate Indian agency:

☐ Will be recognized as a member of the _____ Tribe for the purpose of the State of Wisconsin Indian Assistance Program.

Chairman/Menominee Tribal Board of Education _____

TO BE COMPLETED BY FINANCIAL AID OFFICER

Student's Full Name	Social Security Number
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This student is considered: ☒ **D e p e n d e n t** ☐ **I n d e p e n d e n t**_____

APPROVED STUDENT BUDGET _____ \$ _____

Tuition & Fees	\$
Books & Supplies	\$
Room & Board	\$
Personal Expenses	\$
Transportation	\$
Other (List)	\$

TOTAL EST. EXPENSES \$ _____

Student Contribution.....	\$_____
Parent Contribution.....	\$_____
Spouse Contribution.....	\$_____
Veteran's Benefits.....	\$_____
Social Security.....	\$_____
Vocational Rehab.....	\$_____
Gen. Assist/Tanfif.....	\$_____
Other (List).....	\$_____
TOTAL RESOURCES.....	\$_____

\$ _____

Pell Grant	\$ _____
Supplemental Ed. Opportunity Grant	\$ _____
Tuition Grant	\$ _____
College Work/Study	\$ _____
Perkins Loan	\$ _____
Other: _____	\$ _____

Minority Grant	\$ _____
WHEG	\$ _____
Stafford Loan	\$ _____
Unsub. Loan	\$ _____
T.T.P.	\$ _____

STATE INDIAN GRANT: Fall \$ _____ Winter \$ _____ Spring \$ _____ Summer \$ _____

FEDERAL (BIA) GRANT: Fall \$ _____ Winter \$ _____ Spring \$ _____ Summer \$ _____

\$ _____

Signature: Financial Officer	Date	Name of Institution
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Address _____

Phone # _____

☐ Approved: Distribute funds per term as indicated.

 Disapproved: Reason: _____

Official Signature

Title

Date _____